

State:	Arkansas	Filing Company:	United Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	UNI 3 Actuarial 2013		
Project Name/Number:	/		

Filing at a Glance

Company:	United Life Insurance Company
Product Name:	UNI 3 Actuarial 2013
State:	Arkansas
TOI:	L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI:	L09I.001 Single Life
Filing Type:	Form
Date Submitted:	09/11/2012
SERFF Tr Num:	UNFG-128680663
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	UNI 3 ACTUARIAL 2013
Implementation	01/01/2013
Date Requested:	
Author(s):	Joanne Young
Reviewer(s):	Linda Bird (primary)
Disposition Date:	09/14/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

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General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/14/2012
	State Status Changed: 09/14/2012
Deemer Date:	Created By: Joanne Young
Submitted By: Joanne Young	Corresponding Filing Tracking Number:

Filing Description:

Effective 1/1/2013, in addition to changing the valuation reserve rate to 3.5%, we will decrease the policy guaranteed interest rate on new issue universal life policies. The cash value interest rate will decrease from 4% to 3%. There are no other changes to the policy.

This change will be on policy form number LIU-642 (3-07) which was approved by your office on February 28, 2007. We will continue to use the previously approved policy pages with dec pages revised to reflect the new guaranteed interest rate. We are filing a revised actuarial memorandum and revised data pages.

The John Doe information and all policy specification information bracketed on the dec pages are hypothetical for this submission and will vary depending on the policy issued. We reserve the right to change fonts and layouts.

Thank you for your consideration.

Company and Contact

Filing Contact Information

Joanne Young, Analyst	jyoung@unitedfiregroup.com
118 2nd Ave SE	319-286-2620 [Phone]
PO Box 73909	319-286-2570 [FAX]
Cedar Rapids, IA 52407-3909	

Filing Company Information

United Life Insurance Company	CoCode: 69973	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Life
PO Box 73909	Group Name: United Fire Group	State ID Number:
Cedar Rapids, IA 52407-3909	FEIN Number: 42-6061188	
(319) 399-5700 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

State: Arkansas **Filing Company:** United Life Insurance Company
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Per Company: No

Company	Amount	Date Processed	Transaction #
United Life Insurance Company	\$50.00	09/11/2012	62570648

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/14/2012	09/14/2012

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Disposition

Disposition Date: 09/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Description		No
Form	UNI-3 dec pages		Yes

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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LIU-642 (1-13)	SCH	UNI-3 dec pages	Initial:	0.000	dec pages with brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

SECTION I
DATA PAGE

INSURED: [JOHN DOE]
AGE: [35]
SEX: [MALE]
OWNER: [JOHN DOE]

FACE AMOUNT: [\$100,000]
MINIMUM DEATH BENEFIT: \$10,000
MINIMUM INCREASE AMOUNT: \$5,000
DEATH BENEFIT OPTION: [1]

POLICY NUMBER: [0131428]
POLICY DATE: [9/10/2012]
MONTHLY DUE DATE: [10TH]

MATURITY DATE: [9/10/2098]
SCHEDULE EFFECTIVE DATE: [9/10/2012]

BENEFICIARY: AS STATED IN THE ATTACHED APPLICATION FOR THIS POLICY UNTIL CHANGED AS STATED IN THE LATEST OF ANY ATTACHED DESIGNATION OF BENEFICIARY FORMS. THE BENEFICIARY MAY BE CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

INITIAL EXTRA PREMIUM: [\$0.00]
PLANNED MODAL PREMIUM: [\$1,919.76]
PLANNED PAYMENT INTERVAL: [ANNUAL, THROUGH 9/10/2098]
GUARANTEED COVERAGE MONTHLY PREMIUM: [\$34.25]
GUARANTEED COVERAGE PREMIUM PAYMENT PERIOD: THE FIRST 84 MONTHS THE POLICY IS IN FORCE
GUARANTEED NO LAPSE LIFETIME MONTHLY PREMIUM: [\$159.98]

SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT AMOUNT	RATE CLASS	MONTHLY COST OF INSURANCE	YEARS PAYABLE
FLEXIBLE PREMIUM ADJUSTABLE LIFE	[\$100,000	SELECT	SEE SECTION II	86
[ADDITIONAL 20 YEAR TERM RIDER	\$50,000	SELECT	SEE SECTION II	60
GUARANTEED NO LAPSE RIDER				
OPTION TO PROVIDE FOR ACCELERATION OF DEATH BENEFIT				

IMPORTANT NOTICE: THE MATURITY DATE IS THE POLICY ANNIVERSARY FOLLOWING THE INSURED'S 121TH BIRTHDAY. IT IS POSSIBLE THAT COVERAGE WILL EXPIRE PRIOR TO THE MATURITY DATE IF NO PREMIUMS ARE PAID OR PREMIUMS ARE NOT SUFFICIENT TO CONTINUE COVERAGE TO THE MATURITY DATE. COVERAGE MAY ALSO BE AFFECTED BY A CHANGE IN CURRENT VALUES.

**SECTION II
POLICY GUARANTEES**

THE POLICY GUARANTEED INTEREST RATE IS 3.00% PER ANNUM.

THE MONTHLY ADMINISTRATIVE FEE EQUALS:

- a. A \$3.00 MONTHLY POLICY FEE WHICH APPLIES FOR ALL POLICY YEARS; PLUS
- b. A \$15.00 MONTHLY EXPENSE CHARGE WHICH APPLIES FOR THE FIRST 120 MONTHS ONLY

AN ADDITIONAL MONTHLY EXPENSE CHARGE WILL APPLY FOR EACH INCREASE IN FACE AMOUNT. THE INCREASED MONTHLY EXPENSE CHARGE WILL APPLY FOR 120 MONTHS AND WILL BEGIN ON THE EFFECTIVE DATE OF THE INCREASE.

THE PREMIUM EXPENSE CHARGE IS 4.00%.

THE POLICY LOAN INTEREST RATE IS 8.00% PER ANNUM, PAYABLE IN ARREARS.

THE IMPAIRED INTEREST RATE IS 6.00% PER ANNUM.

THERE IS A \$25.00 FEE FOR EACH PARTIAL WITHDRAWAL.

POLICY SURRENDER CHARGES FOR FACE AMOUNT IN EFFECT ON THE POLICY DATE

POLICY YEAR		POLICY YEAR		POLICY YEAR	
1	\$934.00	4	\$532.38	7	\$130.76
2	803.24	5	401.62	8 AND LATER	0.00
3	663.14	6	270.86		

THE BASIS OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES IS THE 2001 COMMISSIONERS STANDARD ORDINARY TABLE, AGE LAST BIRTHDAY, MALE OR FEMALE, NONSMOKER OR SMOKER, WITH APPROPRIATE INCREASE FOR RATED RISKS.

GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES PER \$1000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
35	0.09	48	0.25	61	0.88	74	3.19	87	12.35	100	31.70	113	61.74
36	0.10	49	0.27	62	0.99	75	3.52	88	13.60	101	33.25	114	65.21
37	0.10	50	0.29	63	1.10	76	3.89	89	14.92	102	34.90	115	68.91
38	0.11	51	0.31	64	1.23	77	4.32	90	16.24	103	36.67	116	72.84
39	0.12	52	0.35	65	1.35	78	4.82	91	17.54	104	38.54	117	77.02
40	0.13	53	0.38	66	1.48	79	5.38	92	18.90	105	40.51	118	81.45
41	0.14	54	0.43	67	1.62	80	6.01	93	20.35	106	42.62	119	83.33
42	0.15	55	0.49	68	1.76	81	6.70	94	21.87	107	44.86	120	83.33
43	0.17	56	0.54	69	1.92	82	7.42	95	23.39	108	47.25		
44	0.18	57	0.59	70	2.11	83	8.22	96	24.87	109	49.80		
45	0.20	58	0.65	71	2.34	84	9.10	97	26.45	110	52.51		
46	0.22	59	0.71	72	2.60	85	10.09	98	28.15	111	55.39		
47	0.24	60	0.79	73	2.88	86	11.17	99	29.96	112	58.47		

POLICY NUMBER - [0131428]

LIU-642 (1-13)

SCHEDULE EFFECTIVE DATE: [9/10/2012]

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